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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: David L. Thompson et al. Docket: P-8999.00

Serial No.: 09/825,909 Group Art Unit: 3762

Filed: April 4, 2001 Examiner: Frances P. Oropeza

Title: IMPLANTABLE MEDICAL DEVICE CONTROLLED BY A NON-INVASIVE PHYSIOLOGICAL DATA MEASUREMENT DEVICEDECLARATION UNDER 37 CFR 1.131 ANTEDATING A REFERENCE

I hereby declare the following:

- 1) I am currently and correctly named as an inventor in the pending patent application entitled IMPLANTABLE MEDICAL DEVICE CONTROLLED BY A NON-INVASIVE PHYSIOLOGICAL DATA MEASUREMENT DEVICE, U.S. patent application serial number 09/825,909.
- 2) The invention disclosed within the above-referenced patent application was conceived of by me and the other named inventors at least as early as 29 September 1999.
- 3) An Invention Disclosure Form was completed that described the invention and was submitted to the Medtronic, Inc. legal department for consideration at least as early as November 1999 (a redacted copy of said form is attached hereto).
- 5) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: July 6, 2004  
\_\_\_\_\_  
David L. Thompson

## PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

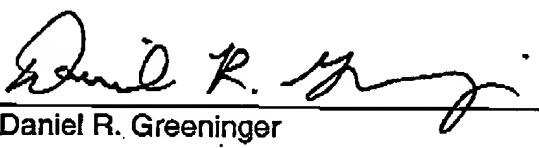
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Daniel R. Greeninger

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Date: 30 JUN 2004



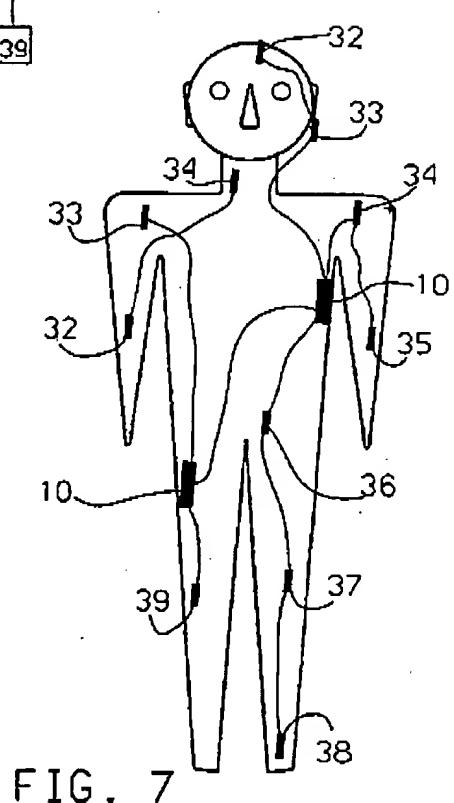
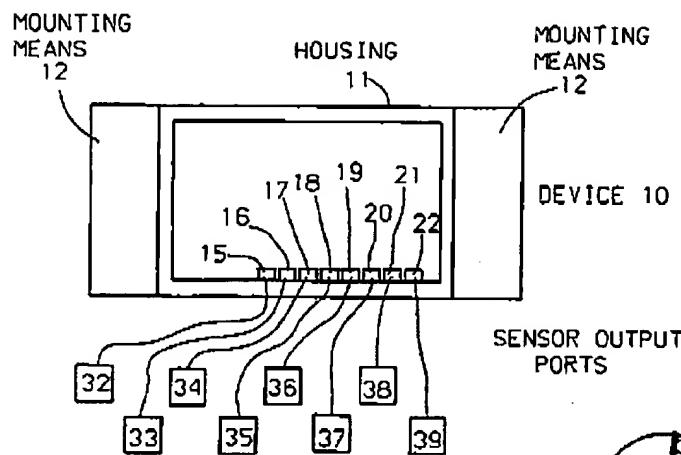
Steven D. Goedeke

U.S. Patent

Mar. 3, 1998

Sheet 7 of 7

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## INVENTION DISCLOSURE FORM

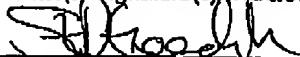
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This is a Word field form. Press enter or tab to move to each field. Please fill out this form as completely as possible. If the allotted space is not sufficient, use a separate sheet. Have your manager sign the form and forward it to the Patent Section of the Law Department. Please attach any drawings and technical descriptions that are available and assemble copies of the background articles, books, advertisements, etc. for use by your patent attorney. For a copy of this form on diskette or for information on network retrieval of this form, please call Systems Support at x4111.

1. Inventor(s) Full Name(s) Steven D. Goedeke Mail Stop T118 Home Address (Include Zip Code) Lake, MN 55025
2. Title of Invention: Therapeutic optimization via integration of data from external sensors.
3. How have others addressed this problem (List and attach any patents, books, articles, devices, Medtronic or competitor's products, or other background materials you used or which may be prior art)? \_\_\_\_\_
4. The invention is described on pages \_\_\_\_\_ of Lab Notebook No. \_\_\_\_\_ (Please attach copy).
5. When was a device built which included the invention? \_\_\_\_\_  
Who built it? \_\_\_\_\_ Where is it? \_\_\_\_\_  
Who has supporting documents? \_\_\_\_\_  
Who witnessed tests? \_\_\_\_\_ When and where? \_\_\_\_\_
6. Discuss the problems which the invention is designed to solve, referring to any prior devices of a similar nature with which you may be familiar. Determination of physiological condition and the delivery of the appropriate therapy is currently limited by the sensors available that can be connected directly to an implanted medical device. This invention extends the data supplied to the implanted device to external sensors. Data from these sensors could include weight, ankle swelling and activity (all gathered by an "active sock"), sleep cycles (neurological sensors, etc.), heart sounds, respiratory sounds, etc. Data gathered from these sensors is imported into the implanted medical device via telemetry. Once the data is gathered by the implanted device it is used for therapeutic (and monitoring) optimization.
7. State the advantages of the invention over presently known devices, systems or processes. See 6
8. List all known and other possible uses for the invention. Heart failure and other chronic medical conditions.
9. Specifically describe the invention and its operation. You may use and attach copies of sketches, prints, photographs and illustrations which should be signed, witnessed and dated. Use numbers and descriptive names in descriptions and drawings. See 6
10. List all features of the invention that are believed to be novel. See 6
11. Sale or Publication (Needed to establish the date of any printed publication, public use or sale, since no U. S. patent application may be filed after one year from such date.)

- a. If a device has been offered, or will be offered for sale, or used for profit or otherwise publicly disclosed, state when and to whom delivered and how used? \_\_\_\_\_
- b. Has a printed description of this invention been made available to persons outside the company? How and when and was use restricted (e.g. licensing agreement, non-disclosure agreement, proprietary legends, etc.)? \_\_\_\_\_

12. Inventor(s) Signature(s) (REQUIRED):



Signature

Date

Manager's Comments

13. How is this invention important to your products, plans or goals? \_\_\_\_\_

14. Manager's Signature (REQUIRED)



Signature

Date

Manager's Printed Name Harry Norris

Mail Stop T114

Business Unit CRM/Brady

Manager: Please forward to Patent Section of Law Department, MS 301, upon completion of your review.